

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Lage A. Harkins  
Full Name of Plaintiff Inmate Number

v.

David Wapinsky  
Name of Defendant 1

Co Donnelley  
Name of Defendant 2

Name of Defendant 3

Name of Defendant 4

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

Civil No. 4:24-CV-0072  
(to be filled in by the Clerk's Office)

☐ Demand for Jury Trial  
☐ No Jury Trial Demand

FILED  
SCRANTON

JAN 16 2024

Per SD  
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

**II. ADDRESSES AND INFORMATION**

**A. PLAINTIFF**

Harkins Cage A  
Name (Last, First, MI)

Schuylkill County Prison  
Inmate Number

230 Sanderson St  
Place of Confinement

Pottsville PA, 17901  
Address

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee  
☐ Civilly committed detainee  
☐ Immigration detainee  
☒ Convicted and sentenced state prisoner  
☐ Convicted and sentenced federal prisoner

**B. DEFENDANT(S)**

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Waginsky David  
Name (Last, First)  
warden Schuylkill County Prison  
Current Job Title  
230 Sanderson St  
Current Work Address  
Pottsville PA 17901  
City, County, State, Zip Code

Defendant 2:

Name (Last, First)

Donnelley Matthew R.  
CO

Current Job Title

230 Sanderson St.

Current Work Address

Pottsville PA, 17901

City, County, State, Zip Code

Defendant 3:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 4:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 5:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

### III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

*I was held in a Cell with 2 other inmates Alexander Williams and Damien Johnson.*

B. On what date did the events giving rise to your claim(s) occur?

*5-28-2023*

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

*On 5-28-2023 I was kept in a Cell with 2 other inmates, in an inhumane environment for more than 30 days in a 8x24 Cell and no room to move.*

*[Signature]*  
*12-28-23*

**IV. LEGAL CLAIM(S)**

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

Due to the fact of being 3 to the Cell, to being waking up and cleaning up blood in the Cell,

**V. INJURY**

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Being 3 people in a Cell, inhuman treatment and PTSD

**VI. RELIEF**

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

That this will not keep happening and about 20 - 30 thousand \$

**VII. SIGNATURE**

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

  
\_\_\_\_\_  
Signature of Plaintiff

  
\_\_\_\_\_  
Date

ALEXANDER S. WILLIAMS JR.  
230 SANDERSON STREET  
POTTSVILLE, PA 17901

-1 NEW DEED

GAGE A. HARKINS CASE.

-EP

RECEIVED  
SCRANTON

JAN 16 2024

PER                       
DEPUTY CLERK

OFFICE OF THE CLERK  
UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA  
WILLIAM J. NEALON FEDERAL BLDG & U.S. COURTHOUSE  
235 NORTH WASHINGTON AVENUE  
P.O. BOX 1148  
SCRANTON, PA 18501-1148

